

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5380

STATE FILE NUMBER

62-020806

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Richmond Heights

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Deaconess Hospital

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
1087 Francis Place

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

ORRIN

WHEATLEY

NOYES

## 4. DATE OF DEATH

Month

Day

Year

May

26,

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Feb. 9, 1878

## 9. AGE (last birthday)

84

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Veterinarian

## 10b. KIND OF BUSINESS OR INDUSTRY

Veterinary

## 11. BIRTHPLACE (City and state or country)

Allen County, Kans.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Ira Noyes

## 13b. MOTHER'S MAIDEN NAME

Wheatley

## 14. NAME OF HUSBAND OR WIFE

Ellen W. Noyes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Robert T. Brown, 3 Winding Brook Lane

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Prostatic Carcinoma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

with metastase

#### DUE TO (c)

177X

## INTERVAL BETWEEN ONSET AND DEATH

2 year

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2/12/60 to 5/26/62 and last saw him alive on 5/26/62  
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

35 N. Central Ave.

## 22c. DATE SIGNED

5/28/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

May 29, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Hiram Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Ambruster Mortuary, 6633 Clayton Rd.

## 25. DATE RECD. BY LOCAL REG.

MAY 29 1962

## 26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.